

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/787396

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		12				
3		12				
4		12				
5		12				
6		12				
7		12				
8		12				
9		12				
10		12				
11		12				
12		12				
13		12				
14		12				
15		12				
16		12				
17		12				
18		12				
19		12				
20		12				
21		12				
22		12				
23		12				
24		12				
25		12				
26		12				
27		12				
28		12				
29		12				
30		12				
31		12				
32		12				
33		12				
34		12				
35		12				
36		12				
37		12				
38		12				
39		12				
40		12				
41		12				
42		12				
43		12				
44		12				
45		12				
46		12				
47		12				

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51												
52												
53												
54												
55												
56												
57												
58												
59												
60												
61												
62												
63												
64												
65												
66												
67												
68												
69												
70												
71												
72												
73												
74												
75												
76												
77												
78												
79												
80												
81												
82												
83												
84												
85												
86												
87												
88												
89												
90												
91												
92												
93												
94												
95												
96												
97												

BEST AVAILABLE COPY